



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

PRACTICAL HINTS



It may be that district nurses or others having work with chronic cases will be glad to know of a remarkably satisfactory treatment for old leg ulcers, which we learned some time since from an English nurse who had worked with the Queen's Jubilee Institute in district nursing in England. She taught us the preparation of this treatment, which we found to have surprising results. We told our hospital friends about it, and it was adopted in the out-patient department of a large hospital, and, to our amusement, dubbed by the doctors with the name of the nurse who told them of it, as "Ashe's Paste." Lately I found in the *British Journal of Nursing* for October 11 an article by Dr. Alfred Eddowes called "Gelatine Dressings" describing this treatment, from which I will take extracts, adding practical details for the nurse from our own experience:

"Gelatine dressings have not been employed by the profession generally so much as their merits deserve. Not only has the profession at large not realized their value, but some dermatologists are not yet familiar with their range of usefulness; yet for certain conditions, surgical and dermatological, it is impossible to overestimate their advantages. The chief reasons for their delay in replacing ointments, lotions, or other simple dressings in many cases are the trouble they give in preparation, the special knowledge required in the selection of suitable cases, and the technique necessary for their successful application.

When Unna introduced medicated gelatine dressings to the profession several formulæ were published. My own experience (now extending over twelve years) has led me to adopt one, viz.: *zinc oxide, gelatine, glycerine, and water*, in the proportions of *one, two, three, and four* in the order mentioned. The gelatine is soaked for a few hours in part of the water, and then all the ingredients are mixed, with aid of heat, and managed afterwards precisely as glue. This mixture, when freshly made, is of the right consistency; but, of course, if it has been kept for many weeks, and especially if it has been heated several times over, it will require a little water to be added from time to time to keep it sufficiently thin for use." . . . "A good plan is to have the 'zinc gelatine' made and cut into small cubes or blocks, like white sugar, and kept in a box or wide-necked bottle, well corked." . . .

"It is a drying and a cooling dressing, not hot, or even warm, as some might imagine, and, indeed, have supposed it to be. So cooling is it that we must keep this fact in mind when employing it over the whole trunk or large areas of skin, and therefore have blankets or warm shawls ready for our patient's use—especially in cold weather—soon after the application has been made. The dressing is flexible and elastic, and therefore much more comfortable than plaster for tender surfaces liable to movement or friction, and when employed with suitably thin bandage or cotton-wool it will adapt itself to any inequality of surface better than plasters, and prove fairly durable. Another great advantage it possesses over plasters is that it does not cause itching, chafing, or formation of troublesome pimples." . . . "Such dressings can, moreover, be partially cut away and readily patched, supposing they have become saturated with discharge or otherwise rendered unfit for use. Nothing is simpler than their removal by hot water

(not hot enough to distress the patient) with or without scissors. Sometimes blunt-pointed scissors can be easily inserted under the edge of the dressings, which can then be cut and removed without the application of hot water. When about to remove the dressing or apply it, the temperature in each case should be tested on the back of the operator's own hand before trying it on the patient's skin." . . .

"The particular case to which I refer is only one of a large class for which the gelatine dressings have proved specially serviceable. The patient was a stout man of fifty, who had his legs badly affected with eczema and swelling of a painful character, due to the condition of his veins. Years ago I should have insisted upon rest in bed with elevation of the legs as the only plan for such a severe case. The patient's suffering was great, but, nevertheless, he said he must go on with his work. I placed him upon a sofa, raised both legs high in the air, and applied elastic bandages. After an hour the latter were removed, the skin dusted with calomel and starch, and both feet and legs as far up as necessary were dressed with zinc-gelatine and gauze bandages. At first the dressing was changed once a week, but later on only once in three months. The relief experienced was at once great, and eventually complete.

"This is a favorable opportunity for again insisting—as I have done for many years past—upon the necessity for constant support to varicose veins. The usual practice of patients wearing elastic stockings and elastic bandages is to remove them at night. The stockings are often damaged and overstretched in the process of removal and replacement, and the veins, being unsupported, are liable to accidental distention. Patients under my directions have worn stockings weeks and even months without removal, with great benefit and without any decomposition of the secretions of the skin or other discomfort, because I had cleansed the skin and applied the dust of which I have already spoken.

"Among the many other conditions for which the above dressings are useful I may mention burns and scalds, saddle-gall, sunburn, herpes zoster, dermatitis herpetiformis, and prickly heat, as well as corns, and even ringworm and favus. In the last two diseases they are of service for preventing irritating dressings, such as chrysarobin, reaching the eyes directly or by the patient's fingers.

"The gauze bandages which I use are made of what is generally called white butter muslin. For dressing the legs, cheap thin long stockings can often be substituted for bandages, and, taking the shape of the joints well, they are preferred by patients."

We, in our district work, make the zinc gelatine ourselves, after the following formula, as given us by the English nurse: pulverized boric acid, one part; pulverized oxide of zinc, five parts; glycerine, eight parts; gelatine, five parts; distilled water, six parts; all measured by weight.

Directions for making: Rub down in a mortar the zinc oxide and boracic acid with a portion of the water and glycerine. Dissolve the gelatine in a double boiler over a flame with the remainder of the water and glycerine. When dissolved, add the zinc oxide mixture, and while hot pour into a shallow dish. When cold it will be found to have set into a firm jelly and may be cut into pieces. We keep this covered from the air, and when it is to be used we melt up a small piece of it in a bowl set in a pan of water over a flame, adding, if necessary, a little water.

The ulcerated limb is well cleansed antiseptically and dried. Then a sterilized gauze bandage is applied over the whole ulcerated surface and about four

layers thick. Over this the gelatine is painted on thickly with a large brush, and outside of all a final firm bandage is placed. We renew these dressings about twice a week, and find that many of the most discouraging old ulcers heal with most gratifying promptness. However, we have found cases in which this treatment caused irritation, and, as shown in Dr. Eddowes's article, this must result from the large amount of glycerine, and his formula would no doubt be better for such cases. So many nurses have these poor old chronic "leg cases" left to them entirely that it does not seem out of place for them to discuss and apply treatment, improper though this would be under other circumstances.

DISTRICT NURSE, New York.



WHITE OF EGG LEMONADE.—The New York *Medical Journal* gives the following directions, by R. F. Leftwich, for the preparation of this beverage as a nutritive drink for febrile disorders: "Two lemons, the white of two eggs, one pint of boiling water, loaf sugar to taste. The lemons must be peeled twice, the yellow rind alone being used, while the white layer is rejected. Place the sliced lemon and the yellow peel in a quart jug with two lumps of sugar; pour on them the boiling water and stir occasionally. When cooled to about the ordinary temperature of tea, strain off the lemons. Now insert an egg whisk, and when the lemonade is in full agitation add slowly the white of the egg and continue the whisking. While still hot strain through muslin, and serve when cold. The white of the egg will be found to impart a blandness which makes the addition of sugar almost unnecessary. This absence of sweetness is greatly appreciated in the pyrexial cases, and has its obvious value for diabetics. For non-febrile cases with clean tongues more than two eggs may be used to the pint if desired. This drink is contraindicated only in the cases of true Bright's disease. It is very useful in the febrile diseases of childhood. It also possesses antiscorbutic properties which replace those lost from milk by boiling and sterilization. It is recommended as a part of the diet in typhoid fever, forming a relief from the monotony of milk, and does not have the constipating and flatus-producing effects that lie in beaten-up eggs that include the yolk. The author states that the patient who takes plenty of this lemonade in addition to four pints of milk per day will emerge from the pyrexial period of typhoid fever in a much stronger condition than without its use."

LAVAGE IN VOMITING OF PREGNANCY.—A writer in the St. Paul *Medical Journal* says: "There is one disorder in particular in which I have found drug treatment very unsatisfactory. I refer to the pernicious vomiting of pregnancy. Here lavage is our best remedy. The exact explanation of its action here I cannot give, as the vomiting does not always seem to depend on the contents of the stomach. It is possible that the stomach washing has some helpful effect on the reflex nervous mechanism."

POST-GRADUATE COURSE IN PHYSICAL AND DIETETIC METHODS OF TREATMENT.—"This course," says the *Medical Record*," inaugurated last year at Baden-Baden, Germany, proved so popular that it is to be repeated this year, commencing October 13. The course continues for about eight days."